

# Panhandle Health District

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## Colonoscopy Can Save Your Life

By Cynthia Taggart  
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Dave Braucht gave himself a present the day before his 50<sup>th</sup> birthday: a pass to a longer, healthier life. It didn't come easily.

It began with a colonoscopy, a test that screens the large intestine for polyps, which are growths of extra tissue. Dave's birthday experience included a polyp, a diagnosis of cancer, surgery and a terrified wife. But it ended in celebration. Dave's cancer was local, removed, hadn't spread and required no further treatment because he had enabled doctors to catch it early.

"I'm so glad I have a husband who takes care of his health," says Linda Braucht. "Because he scheduled a colonoscopy, his cancer was caught early and removed."

Cancer in the colon or rectum, known as colorectal cancer, is the second leading cancer killer in the United States. From 2000 to 2005, 3,440 Idahoans were diagnosed with colorectal cancer; 1,185 died.

Caught in the early stages, colorectal cancer is beatable. The five-year survival rate at that point is 85 percent. Survival rates drop significantly as colorectal cancer spreads. Sixty-seven percent of patients diagnosed in the middle stage survive. Only 10 percent survive when their cancer is caught in the last stages.

"Timely screenings for colorectal cancer are so important," says Donna Marshall-Holden, a Panhandle Health District registered nurse who coordinates northern Idaho's Colorectal Cancer Coalition. "We eat too many fatty foods. We love ice cream, hamburgers. We smoke and we don't exercise."

Strong evidence shows that high calorie diets and diets high in fat and low in fiber contribute to increased risk of polyps.

Dave lives a healthy lifestyle, but his grandmother had colon cancer and his parents have had polyps removed. The medical community advises anyone with a family history of polyps, colon cancer or bowel disease to screen for cancer early. Genetics are behind about 15 percent of colorectal cancer cases.

"We didn't realize he should have been screened sooner," Linda says. "He just waited for the doctor-recommended age of 50."

Other groups with high polyp numbers are people older than 50 and people who are overweight. Ninety percent of the colorectal cancer cases diagnosed are in people older than 50.

The cancer-fighting community identified 40 years ago the importance of screening colons for polyps. Most polyps are benign, but can turn into cancer if they're left alone. Doctors remove them as a precautionary measure.

Most small polyps don't cause symptoms, which is one reason cancer screening is so important. Robert Kurtz, M.D., chief of gastroenterology and nutrition at Memorial Sloan-Kettering Cancer Center in New York, told the Food and Drug Administration that the lack of symptoms in the early stages may be one reason colorectal cancer has a high mortality rate.

Kurtz urges prevention. Because colorectal cancer begins as a slow-growing precancerous polyp, finding and removing polyps can prevent cancerous changes from taking place, he said.

Symptoms associated with polyps in the colon are blood in or on the stool; unexplained and frequent pain, aches and cramps in the stomach; a change in bowel habits; and unexplained weight loss. Something other than cancer may cause the symptoms, which is why anyone experiencing them should see a doctor.

Colon screening is a hard sell with the public despite its effectiveness in preventing cancer. According to the FDA, screening can reduce the incidence of colon cancer by 40 percent.

Idaho ranks 46<sup>th</sup> in the nation for the percentage of people in the 50-plus age group who have had a colonoscopy--a full-length internal look at the large intestine--or its shorter cousin, the sigmoidoscopy, in the past five years. Of the state's seven health districts, four have higher percentages of adults in the 50-plus age group that screen for colon cancer than in the five northern counties.

A colonoscopy is currently the most effective tool for detecting polyps and cancers. To undergo a colonoscopy, patients prepare their bowels with a laxative or enema and then are sedated. Doctors scan the entire length of the colon with a flexible scope with a video chip, which shows any abnormal growths on a video screen.

Doctors remove small accessible polyps during the exam and test them. The experience ends if no cancer cells are present. People with cancer-free polyps are typically told to schedule another colonoscopy in five years. The Centers for Disease Control and Prevention recommend people with no polyps undergo a colonoscopy every 10 years.

Dave's colonoscopy revealed a grape-sized polyp on a stout stalk. It was growing into the colon wall but hadn't grown through it and spread to other organs. Doctors removed a foot of Dave's colon, then about 15 lymph nodes to test. The results showed the cancer was in its first stage and contained to the polyp that was removed.

"We were so happy and relieved," Linda says. "Had Dave waited another year or two, I am sure we would be dealing with chemo and a fight for his life."

Dave will undergo precautionary colonoscopies this year and next, then one every five years.

Most health insurance covers the costs of colonoscopies that are doctor-ordered. Schedule a visit to your doctor today to discuss colon health if your age is 50-plus and/or you have a family history of polyps, colon cancer or bowel disease.